

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 122

For Official Use Only

Statement covers period

from 01/01/2023

through 03/31/2023

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

☒ Officeholder, Candidate Controlled Committee

☒ State Candidate Election Committee

☐ Recall

(Also Complete Part 5.)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primary Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/
Officeholder Committee

(Also Complete Part 7.)

2. Type of Statement:

☐ Pre-election Statement

☐ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☒ Special Odd-Year Report

☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1456511

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Robert Rivas for Assembly 2024

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916)285-5733</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

(916) 333-1344 / Rivas2024@deaneandcompany.com

Treasurer(s)

NAME OF TREASURER
Robert Rivas

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

NAME OF ASSISTANT TREASURER, IF ANY
Shawnda Deane

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95815</u>	<u>(916) 285-5733</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/15/2023 By Shawnda Deane

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/15/2023 By Robert Rivas

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Robert Rivas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Held: State Assembly Person

Assembly District

29

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Hollister

CA

95023

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

California Dream for All, Robert Rivas Ballot Measure Committee

I.D.NUMBER

1451423

NAME OF TREASURER

Robert Rivas

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

Sacramento

STATE

CA

ZIP CODE

95815

AREA CODE/PHONE

(916) 285-5733

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period	CALIFORNIA FORM 460
from 01/01/2023	
through 03/31/2023	Page 3 of 122
I.D. NUMBER 1456511	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3	\$333,949.00	\$333,949.00	
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$333,949.00	\$333,949.00	20. Contribution Received
4. Nonmonetary Contributions	Schedule C, Line 3	\$6,476.64	\$6,476.64	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$340,425.64	\$340,425.64	21. Expenditures Made
Expenditures Made				Expenditure Limit Summary for State Candidates
6. Payments Made	Schedule E, Line 4	\$272,520.23	\$272,520.23	
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$272,520.23	\$272,520.23	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$84,528.08	\$93,854.64	Date of Election (mm/dd/yy)
10. Nonmonetary Adjustment	Schedule C, Line 3	\$6,476.64	\$6,476.64	Total to Date
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$363,524.95	\$372,851.51	3/5/2024
				\$276,188.66
Current Cash Statement				
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$7,455.20	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
13. Cash Receipts	Column A, Line 3 above	\$333,949.00		
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$411,326.69		
15. Cash Payments	Column A, Line 8 above	\$272,520.23		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$480,210.66		
If this is a termination statement, Line 16 must be zero.				
17. LOAN GUARANTEES RECEIVED.....		Schedule B, Part 2	\$0.00	
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents	See instructions on reverse	\$0.00		
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$93,854.64		

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 4 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/29/2023	1-800 Contacts, Inc. Draper, UT 84020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2024P: \$2,000.00
1/31/2023	Alignment Healthcare USA Orange, CA 92868	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
3/13/2023	Robert Allard San Jose, CA 95112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Corsiglia McMahon & Allard, LLP Attorney	\$1,000.00	\$1,000.00	2024P: \$1,000.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/1/2023	American Council of Engineering Companies PAC Sacramento, CA 95814 Committee ID: 782143	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2024P: \$2,000.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$333,325.00

2. Amount received this period - unitemized contributions of less than \$100 \$624.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$333,949.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 5 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/16/2023	American Pistachio Growers California PAC Sacramento, CA 95814 Committee ID: 1343200	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
3/8/2023	America's Physician Groups California PAC Los Angeles, CA 90017 Committee ID: 990463	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
3/8/2023	America's Physician Groups California PAC Los Angeles, CA 90017 Committee ID: 990463	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
2/28/2023	Bayer US, LLC Employee PAC (BayerPAC) St. Louis, MO 63167 Committee ID: 1442148 Memo Reference: INC135	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2024P: \$3,000.00
3/24/2023	Steve Becerra Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Radix Real Estate, Inc. Real Estate Broker	\$100.00	\$100.00	2024P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 6 of 122 I.D. Number 1456511
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NAME OF FILER

Robert Rivas for Assembly 2024

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	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/17/2023	Blue Shield of California Oakland, CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
2/17/2023	Blue Shield of California Oakland, CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
1/26/2023	James Bogetti Modesto, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mapes Ranch Farmer	\$800.00	\$800.00	2024P: \$800.00
3/30/2023	Jack Bradshaw Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2024P: \$100.00
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA FORM 460
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I.D. Number 1456511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/1/2023	Thomas Brandi San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brandi Law Firm Consumer Attorney	\$5,500.00	\$5,500.00	2024P: \$5,500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/22/2023	Michelle Brasil Santa Clara, CA 95051	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wine.com Marketing Manager	\$250.00	\$250.00	2024P: \$250.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 8 of 122 I.D. Number 1456511
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NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/30/2023	California Association of Health Underwriters PAC Sacramento, CA 95814 Committee ID: 892177	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2024P: \$5,000.00
1/30/2023	California Beer & Beverage Distributors Community Affairs Sacramento, CA 95814 Committee ID: 761487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
3/21/2023	California Correctional Peace Officers Association Local PAC Sacramento, CA 95814 Committee ID: 960532	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
3/28/2023	California Correctional Peace Officers Association Local PAC Sacramento, CA 95814 Committee ID: 960532	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
3/28/2023	California Correctional Peace Officers Association Local PAC Sacramento, CA 95814 Committee ID: 960532	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 9 of 122
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Robert Rivas for Assembly 2024	I.D. Number 1456511
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/2023	California Defense Counsel PAC Sacramento, CA 95814 Committee ID: 850665	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2024P: \$5,000.00
3/8/2023	California Dental Association PAC (CDA PAC) Sacramento, CA 95814 Committee ID: 742855	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
3/8/2023	California Family Beer Distributors Association PAC Sacramento, CA 95814 Committee ID: 1436323	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
3/1/2023	California League of Food Producers PAC Sacramento, CA 95814 Committee ID: 760553	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
2/8/2023	California Metals Coalition PAC El Dorado Hills, CA 95762 Committee ID: 1264568	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,900.00	\$4,900.00	2024P: \$4,900.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 10 of 122 I.D. Number 1456511
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NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/2023	California Mortgage Association PAC Sacramento, CA 95814 Committee ID: 990462	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2024P: \$5,000.00
1/20/2023	California New Car Dealers Association PAC Sacramento, CA 95814 Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
1/20/2023	California New Car Dealers Association PAC Sacramento, CA 95814 Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
1/20/2023	California Nurses Association PAC (CNA-PAC) Small Contributor Committee Sacramento, CA 95814 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$4,500.00	2024P: \$4,500.00
3/8/2023	California Nurses Association PAC (CNA-PAC) Small Contributor Committee Sacramento, CA 95814 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$4,500.00	2024P: \$4,500.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 11 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/30/2023	California Olive Ranch, Inc. Chico, CA 95973	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2024P: \$3,000.00
3/28/2023	California Statewide Law Enforcement Association PAC Sacramento, CA 95814 Committee ID: 970375	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2024P: \$2,000.00
2/1/2023	Carvana, LLC Tempe, AZ 85281 Memo Reference: INC74	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2024P: \$1,000.00
2/8/2023	CASS, Inc. Oakland, CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
2/28/2023	ChamberPAC Small Contributor Committee, Sponsored by California Chamber of Commerce Sacramento, CA 95814 Committee ID: 1275328	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 12 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/29/2023	CoinFlip Chicago, IL 60607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$4,000.00	2024P: \$4,000.00
3/23/2023	Comcast Financial Agency Corporation Philadelphia, PA 19103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
3/10/2023	Cotchett, Pitre & McCarthy, LLP Burlingame, CA 94010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
3/20/2023	Marion Cox Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anaerobe Systems Chief Executive Officer	\$500.00	\$500.00	2024P: \$500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 13 of 122 I.D. Number 1456511
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NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/20/2023	Pete Delgado Salinas, CA 93901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salinas Valley Health Hospital Administration	\$100.00	\$100.00	2024P: \$100.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/14/2023	Edison International and Affiliated Entities/Southern California Edison Rosemead, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
1/26/2023	Edwards Lifesciences, LLC Irvine, CA 92614 Memo Reference: INC38	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,200.00	\$1,200.00	2024P: \$1,200.00
3/21/2023	Enchanted Rock Management, LLC Houston, TX 77002 Memo Reference: INC201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 14 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/22/2023	Faculty for our University's Future, a Committee Sponsored by the California Faculty Association Small Contributor Committee Sacramento, CA 95814 Committee ID: 850007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
2/2/2023	Family Business PAC Sacramento, CA 95814 Committee ID: 1365285	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2024P: \$2,000.00
1/13/2023	Farmers Employees & Agent PAC, Sponsored by Farmers Group, Inc. San Rafael, CA 94901 Committee ID: 901422	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,900.00	\$4,900.00	2024P: \$4,900.00
3/8/2023	John Feder San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rouda, Feder, Tietjen & McGuinn Attorney	\$5,500.00	\$5,500.00	2024P: \$5,500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 15 of 122
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

I.D. Number

1456511

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/16/2023	Federated Indians of Graton Rancheria Rohnert Park, CA 94928	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
3/20/2023	Kay Filice Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Filice Farms Farmer	\$500.00	\$500.00	2024P: \$500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/30/2023	Diego Gagnon La Mirada, CA 90638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Iron and Metal General Manager	\$4,900.00	\$4,900.00	2024P: \$4,900.00
3/28/2023	Sylvia Gallegos Cupertino, CA 95014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Clara County Deputy County Executive	\$100.00	\$100.00	2024P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA FORM 460
from 01/01/2023	
through 03/31/2023	Page 16 of 122
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/22/2023	Greene Broillet & Wheeler, LLP El Segundo, CA 90245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
3/31/2023	Margaret Groeling Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$275.00	2024P: \$275.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/31/2023	Margaret Groeling Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$25.00	\$275.00	2024P: \$275.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 17 of 122 I.D. Number 1456511
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NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/9/2023	Humboldt Redwood Company, LLC Calpella, CA 95418 Memo Reference: INC20	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2024P: \$1,000.00
2/24/2023	International Paper PAC (IP-PAC) FED PAC ID C00034405) Washington, DC 20004 Committee ID: 1318753	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2024P: \$1,500.00
3/21/2023	Linda Izquierdo Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2024P: \$200.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 18 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/30/2023	Linda Izquierdo Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$200.00	2024P: \$200.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/28/2023	John Varela for Valley Water District Board of Directors - District #1 2022 Morgan Hill, CA 95037 Committee ID: 1449447	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	2024P: \$200.00
2/17/2023	Kazan, McClain, Satterley & Greenwood, A Professional Corporation Oakland, CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
3/21/2023	Clay Kemp Royal Oaks, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Seniors Council of Santa Cruz & San Benito Counties Executive Director	\$100.00	\$100.00	2024P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 19 of 122 I.D. Number 1456511
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NAME OF FILER

Robert Rivas for Assembly 2024

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	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/2/2023	Knight Law Group, LLP Los Angeles, CA 90067	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/31/2023	La Plaza Bakery Salinas, CA 93905	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2024P: \$100.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 20 of 122 I.D. Number 1456511
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1/26/2023	LE03-A Win Management, Inc. Phoenix, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00	\$6,500.00	2024P: \$5,500.00 2024G: \$1,000.00
2/23/2023	LE03-A Win Management, Inc. Phoenix, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$6,500.00	2024P: \$5,500.00 2024G: \$1,000.00
2/23/2023	LE03-A Win Management, Inc. Phoenix, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$6,500.00	2024P: \$5,500.00 2024G: \$1,000.00
3/14/2023	Learning Care Group Novi, MI 48375	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2024P: \$3,000.00
3/1/2023	Elinor Leary San Francisco, CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Veen Firm Attorney	\$5,500.00	\$5,500.00	2024P: \$5,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period
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	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/22/2023	Liuzzi, Murphy, Solomon, Churton, Hale and Winnett, LLP San Francisco, CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
3/21/2023	Scott Lynch Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Pixley House Owner	\$250.00	\$250.00	2024P: \$250.00
1/26/2023	Lyons Investments, L.P./Lyons Investments Management, LLC and Affiliated Entities Modesto, CA 95358	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$950.00	\$2,850.00	2024P: \$2,850.00
1/26/2023	Lyons Land Management, L.P./Lyons Investments Management, LLC and Affiliated Entities Modesto, CA 95358	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$950.00	\$2,850.00	2024P: \$2,850.00
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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 22 of 122 I.D. Number 1456511
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/26/2023	Ed Lyons Modesto, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lyons Investments, LP Rancher	\$800.00	\$800.00	2024P: \$800.00
1/26/2023	William E. Lyons Modesto, CA 95358	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lyons Investments, LP Rancher	\$800.00	\$800.00	2024P: \$800.00
1/26/2023	Mapes Ranch, L.P./Lyons Investments Management, LLC and Affiliated Entities Modesto, CA 95358	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$950.00	\$2,850.00	2024P: \$2,850.00
3/24/2023	Lisa Marks Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ROI Communication Marketing Administrator	\$100.00	\$100.00	2024P: \$100.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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(other than PTY or SCC)
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA FORM 460
Page 23 of 122
I.D. Number 1456511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/1/2023	Paul Matiasic San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Matiasic Firm. P.C. Attorney	\$5,500.00	\$5,500.00	2024P: \$5,500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/16/2023	Valerie T. McGinty San Mateo, CA 94402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Office of Valerie T. McGinty Attorney	\$500.00	\$500.00	2024P: \$500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/31/2023	Clint Miller Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2024P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 24 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/31/2023	Karen Miller Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Royal Oaks Farms Farmer	\$250.00	\$250.00	2024P: \$250.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/29/2023	Molson Coors Beverage Company Chicago, IL 60606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2024P: \$2,000.00
3/30/2023	Nike, Inc. and Affiliates Beaverton, OR 97005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 25 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/19/2023	Northern California Carpenters Regional Council Small Contributor Committee Sacramento, CA 95814 Committee ID: 972104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2024P: \$5,000.00
3/24/2023	Ernesto Olivares Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2024P: \$100.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/28/2023	Peace Officers Research Association of California PAC (PORAC PAC) Small Contributor Committee Sacramento, CA 95834 Committee ID: 810830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$10,900.00	\$10,900.00	2024P: \$10,900.00
3/21/2023	James Pearson Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2024P: \$250.00
SUBTOTAL						

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

from01/01/2023

through03/31/2023

CALIFORNIA FORM 460

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I.D. Number 1456511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY ActBlue Somerville, MA 02144	<div><input type="checkbox"/> IND</div> <div><input type="checkbox"/> COM</div> <div><input type="checkbox"/> OTH</div> <div><input type="checkbox"/> PTY</div> <div><input type="checkbox"/> SCC</div>				
1/9/2023	Pechanga Band of Indians Temecula, CA 92592	<div><input type="checkbox"/> IND</div> <div><input type="checkbox"/> COM</div> <div><input checked="" type="checkbox"/> OTH</div> <div><input type="checkbox"/> PTY</div> <div><input type="checkbox"/> SCC</div>		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
1/9/2023	Pechanga Band of Indians Temecula, CA 92592	<div><input type="checkbox"/> IND</div> <div><input type="checkbox"/> COM</div> <div><input checked="" type="checkbox"/> OTH</div> <div><input type="checkbox"/> PTY</div> <div><input type="checkbox"/> SCC</div>		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
2/9/2023	Personal Insurance Federation of California Agents & Employees PAC Sacramento, CA 95814 Committee ID: 1338487	<div><input type="checkbox"/> IND</div> <div><input checked="" type="checkbox"/> COM</div> <div><input type="checkbox"/> OTH</div> <div><input type="checkbox"/> PTY</div> <div><input type="checkbox"/> SCC</div>		\$2,500.00	\$2,500.00	2024P: \$2,500.00
3/28/2023	Plumbers & Pipefitters Local 447 Federal PAC Sacramento, CA 95819	<div><input type="checkbox"/> IND</div> <div><input type="checkbox"/> COM</div> <div><input checked="" type="checkbox"/> OTH</div> <div><input type="checkbox"/> PTY</div> <div><input type="checkbox"/> SCC</div>		\$5,500.00	\$9,600.00	2024P: \$5,500.00 2024G: \$4,100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 27 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/28/2023	Plumbers & Pipefitters Local 447 Federal PAC Sacramento, CA 95819	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,100.00	\$9,600.00	2024P: \$5,500.00 2024G: \$4,100.00
2/1/2023	Professional Engineers in California Government (PECG PAC) Small Contributor Committee Sacramento, CA 95814 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$3,500.00	2024P: \$3,500.00
3/16/2023	Professional Engineers in California Government (PECG PAC) Small Contributor Committee Sacramento, CA 95814 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,500.00	\$3,500.00	2024P: \$3,500.00
1/17/2023	Resource Recovery Coalition of California PAC Sacramento, CA 95814 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
3/30/2023	George Riley Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2024P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 28 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2023	Greg Rizio Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rizio Lipinsky Law Firm Attorney	\$5,500.00	\$5,500.00	2024P: \$5,500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/20/2023	Constance A. Rogers Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Retired	\$100.00	\$100.00	2024P: \$100.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Robert Rivas for Assembly 2024	I.D. Number 1456511
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/20/2023	John Romans Greenfield, CA 93927	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Taylor Farming, LLC Administrator	\$2,500.00	\$2,500.00	2024P: \$2,500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/15/2023	Evelia Rosso Gilroy, CA 95020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$500.00	\$500.00	2024P: \$500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/8/2023	SA Recycling Orange, CA 92865	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 30 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/8/2023	Schnitzer Steel Industries Portland, OR 97201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
2/16/2023	See's Candies, Inc. South San Francisco, CA 94080	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2024P: \$3,000.00
1/19/2023	Service Employees International Union Local 1000 Candidate PAC Small Contributor Committee Sacramento, CA 95811 Committee ID: 1273063	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2024P: \$2,000.00
3/28/2023	Sheet Metal Workers Local Union 104 Political Committee Livermore, CA 94551 Committee ID: 850381	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2024P: \$3,000.00
2/8/2023	Sims Metal Jersey City, NJ 07305	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	2024P: \$5,500.00
SUBTOTAL						

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. Number
1456511

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/13/2023	Smart TD Federal PAC Independence, OH 44131	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		\$1,500.00	\$1,500.00	2024P: \$1,500.00
3/22/2023	Strategic Legal Practices, APC Los Angeles, CA 90067	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		\$5,500.00	\$5,500.00	2024P: \$5,500.00
3/30/2023	Thomas Taft Salinas, CA 93905	<div><input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>	n/a Not Employed	\$200.00	\$200.00	2024P: \$200.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>				
1/18/2023	Terranova Ranch, Inc. Helm, CA 93627	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		\$3,000.00	\$3,000.00	2024P: \$3,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA FORM 460
from 01/01/2023	
through 03/31/2023	Page 32 of 122

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

I.D. Number

1456511

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/26/2023	The American Institute of Architects California Council's California Architects for Livable Communities PAC (CALC PAC) Sacramento, CA 95814 Committee ID: 791819	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	2024P: \$2,500.00
2/17/2023	The Wonderful Company, LLC Los Angeles, CA 90064 Memo Reference: INC119	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	2024P: \$3,000.00
3/15/2023	Joseph Tomasik Berkeley, CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of Joseph Tomasik Attorney	\$500.00	\$500.00	2024P: \$500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/30/2023	Irasema Triana San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$100.00	\$100.00	2024P: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 33 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/8/2023	Twenty-Nine Palms Band of Mission Indians Coachella, CA 92236	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2024P: \$1,500.00
3/30/2023	Lupe Valdez San Juan Bautista, CA 95045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a Not Employed	\$250.00	\$250.00	2024P: \$250.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
3/30/2023	Laura Vallejo Hollister, CA 95023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aromas/San Juan Unified School District Teacher	\$100.00	\$100.00	2024P: \$100.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. Number
1456511

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/23/2023	Viejas Band of Kumeyaay Indians Alpine, CA 91901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,100.00	\$5,100.00	2024P: \$5,100.00
2/17/2023	Vulcan Materials Company PAC (FED PAC ID C00116020) Birmingham, AL 35242 Committee ID: 1244939	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$4,000.00	2024P: \$4,000.00
3/13/2023	Mat Yamagata Los Angeles, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steno Agency, Inc. Senior Account Executive	\$500.00	\$500.00	2024P: \$500.00
	INTERMEDIARY ActBlue Somerville, MA 02144	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 35 of 122 I.D. Number 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/29/2023	Yum Brands, Inc. Louisville, KY 40232	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2024P: \$2,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$333,325.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		<div><div></div><div>RATE</div><div>%</div></div>		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		<div><div></div><div>RATE</div><div>%</div></div>		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		<div><div></div><div>RATE</div><div>%</div></div>		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period	CALIFORNIA FORM 460
from 01/01/2023	
through 03/31/2023	Page 37 of 122
I.D. Number 1456511	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Robert Rivas for Assembly 2024

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div>LENDER</div> <div></div> <div>DATE</div> <div></div>		<div>CALENDAR YEAR</div> <div></div> <div>PER ELECTION (IF REQUIRED)</div> <div></div>	
	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div>LENDER</div> <div></div> <div>DATE</div> <div></div>		<div>CALENDAR YEAR</div> <div></div> <div>PER ELECTION (IF REQUIRED)</div> <div></div>	
	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div>LENDER</div> <div></div> <div>DATE</div> <div></div>		<div>CALENDAR YEAR</div> <div></div> <div>PER ELECTION (IF REQUIRED)</div> <div></div>	
	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div>LENDER</div> <div></div> <div>DATE</div> <div></div>		<div>CALENDAR YEAR</div> <div></div> <div>PER ELECTION (IF REQUIRED)</div> <div></div>	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
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I.D. Number 1456511	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
2/22/2023	Sierra West Strategies, LLC Sacramento, CA 95827 Memo Reference: NON143	<div><div></div><div><div></div><div></div><div></div><div></div><div></div></div><div>IND COM OTH PTY SCC</div></div>		Food for Meeting	\$257.48	\$257.48	2024P: \$257.48
3/16/2023	Consumer Attorneys PAC Sacramento, CA 95814 Committee ID: 760231	<div><div></div><div><div></div><div></div><div></div><div></div><div></div></div><div>IND COM OTH PTY SCC</div></div>		Fundraising Event Expenses	\$5,500.00	\$5,500.00	2024P: \$5,500.00
3/16/2023	Consumer Attorneys Consumer Protection Fund Small Contributor Committee Sacramento, CA 95814 Committee ID: 1343340	<div><div></div><div><div></div><div></div><div></div><div></div><div></div></div><div>IND COM OTH PTY SCC</div></div>		Fundraising Event Expenses	\$561.98	\$561.98	2024P: \$561.98
3/16/2023	FairPAC, Sponsored by the Civil Justice Association of California Sacramento, CA 95814 Committee ID: 1311499	<div><div></div><div><div></div><div></div><div></div><div></div><div></div></div><div>IND COM OTH PTY SCC</div></div>		Event Expenses	\$157.18	\$157.18	2024P: \$157.18

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$6,476.64

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$6,476.64
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$6,476.64

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	01/01/2023		
through	03/31/2023	Page 39 of 122	
		I.D. NUMBER 1456511	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Dawn Addis for Assembly 2024 Candidate Name: Dawn Addis State Assembly Person District 30 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$15.00	\$415.19	2024P: \$415.19
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Cecilia Aguiar-Curry for Assembly 2024 Candidate Name: Cecilia Aguiar-Curry State Assembly Person District 4 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.28	\$900.56	2024P: \$900.56
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Stephen Bennett for Assembly 2024 Candidate Name: Stephen Bennett State Assembly Person District 38 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$15.00	\$529.51	2024P: \$529.51
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$54,609.14
- Unitemized contributions and independent expenditures made this period of under \$100 \$50.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$54,659.14

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/31/2023	Page 40 of 122
NAME OF FILER Robert Rivas for Assembly 2024		I.D. NUMBER 1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Marc Berman for Assembly 2024 Candidate Name: Marc Berman State Assembly Person District 23 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$31.29	\$1,557.88	2024P: \$1,557.88
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Mia Bonta for Assembly 2024 Candidate Name: Mia Bonta State Assembly Person District 18 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$31.29	\$1,889.96	2024P: \$1,889.96
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Bryan for Assembly 2024 Candidate Name: Isaac Bryan State Assembly Person District 54 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Juan Carrillo for Assembly 2024 Candidate Name: Juan Carrillo State Assembly Person District 39 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

**CALIFORNIA
FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Damon Connolly for Assembly 2024 Candidate Name: Damon Connolly State Assembly Person District 12 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,142.68	2024P: \$1,142.68
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Jesse Gabriel for Assembly 2024 Candidate Name: Jesse Gabriel State Assembly Person District 46 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Gregg Hart for Assembly 2024 Candidate Name: Gregg Hart State Assembly Person District 37 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,142.68	2024P: \$1,142.68
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Corey Jackson for Assembly 2024 Candidate Name: Corey Jackson State Assembly Person District 60 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,142.69	2024P: \$1,142.69
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

**CALIFORNIA
FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Liz Ortega-Toro for Assembly 2024 Candidate Name: Liz Ortega-Toro State Assembly Person District 20 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$31.29	\$1,786.50	2024P: \$1,786.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Blanca Pacheco for Assembly 2024 Candidate Name: Blanca Pacheco State Assembly Person District 64 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,257.00	2024P: \$1,257.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Papan for Assembly 2024 Candidate Name: Diane Papan State Assembly Person District 21 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,257.00	2024P: \$1,257.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Gail Pellerin for Assembly 2024 Candidate Name: Gail Pellerin State Assembly Person District 28 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$15.00	\$529.50	2024P: \$529.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

**CALIFORNIA
FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Tina McKinnor for Assembly 2024 Candidate Name: Tina McKinnor State Assembly Person District 61 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,257.01	2024P: \$1,257.01
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Soria for Assembly 2024 Candidate Name: Esmeralda Soria State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$31.29	\$1,786.51	2024P: \$1,786.51
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Avelino Valencia for State Assembly 2024 Candidate Name: Avelino Valencia State Assembly Person District 68 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,257.01	2024P: \$1,257.01
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Buffy Wicks for Assembly 2024 Candidate Name: Buffy Wicks State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$15.00	\$529.50	2024P: \$529.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

**CALIFORNIA
FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Re-Elect Rick Chavez Zbur for Assembly 2024 Candidate Name: Rick Chavez Zbur State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$16.29	\$1,257.02	2024P: \$1,257.02
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Bryan for Assembly 2024 Candidate Name: Isaac Bryan State Assembly Person District 54 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.34	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Mia Bonta for Assembly 2024 Candidate Name: Mia Bonta State Assembly Person District 18 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$1,686.26	\$1,889.96	2024P: \$1,889.96
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Dawn Addis for Assembly 2024 Candidate Name: Dawn Addis State Assembly Person District 30 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$400.19	\$415.19	2024P: \$415.19
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

**CALIFORNIA
FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Marc Berman for Assembly 2024 Candidate Name: Marc Berman State Assembly Person District 23 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$1,399.54	\$1,557.88	2024P: \$1,557.88
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Juan Carrillo for Assembly 2024 Candidate Name: Juan Carrillo State Assembly Person District 39 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$974.84	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Stephen Bennett for Assembly 2024 Candidate Name: Stephen Bennett State Assembly Person District 38 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$400.20	\$529.51	2024P: \$529.51
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Cecilia Aguiar-Curry for Assembly 2024 Candidate Name: Cecilia Aguiar-Curry State Assembly Person District 4 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$779.59	\$900.56	2024P: \$900.56
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

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FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Papan for Assembly 2024 Candidate Name: Diane Papan State Assembly Person District 21 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.35	\$1,257.00	2024P: \$1,257.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Soria for Assembly 2024 Candidate Name: Esmeralda Soria State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$1,399.55	\$1,786.51	2024P: \$1,786.51
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Gregg Hart for Assembly 2024 Candidate Name: Gregg Hart State Assembly Person District 37 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.34	\$1,142.68	2024P: \$1,142.68
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Buffy Wicks for Assembly 2024 Candidate Name: Buffy Wicks State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$400.19	\$529.50	2024P: \$529.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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through 03/31/2023

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FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Tina McKinnor for Assembly 2024 Candidate Name: Tina McKinnor State Assembly Person District 61 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.35	\$1,257.01	2024P: \$1,257.01
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Corey Jackson for Assembly 2024 Candidate Name: Corey Jackson State Assembly Person District 60 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.35	\$1,142.69	2024P: \$1,142.69
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Gail Pellerin for Assembly 2024 Candidate Name: Gail Pellerin State Assembly Person District 28 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$400.19	\$529.50	2024P: \$529.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Juan Carrillo for Assembly 2024 Candidate Name: Juan Carrillo State Assembly Person District 39 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$24.50	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	03/31/2023	Page 48 of 122
NAME OF FILER Robert Rivas for Assembly 2024		I.D. NUMBER 1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Jesse Gabriel for Assembly 2024 Candidate Name: Jesse Gabriel State Assembly Person District 46 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.34	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Blanca Pacheco for Assembly 2024 Candidate Name: Blanca Pacheco State Assembly Person District 64 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.35	\$1,257.00	2024P: \$1,257.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Damon Connolly for Assembly 2024 Candidate Name: Damon Connolly State Assembly Person District 12 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.34	\$1,142.68	2024P: \$1,142.68
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Liz Ortega-Toro for Assembly 2024 Candidate Name: Liz Ortega-Toro State Assembly Person District 20 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$1,399.55	\$1,786.50	2024P: \$1,786.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

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from 01/01/2023

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NAME OF FILER
Robert Rivas for Assembly 2024

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1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Avelino Valencia for State Assembly 2024 Candidate Name: Avelino Valencia State Assembly Person District 68 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.35	\$1,257.01	2024P: \$1,257.01
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Re-Elect Rick Chavez Zbur for Assembly 2024 Candidate Name: Rick Chavez Zbur State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$999.36	\$1,257.02	2024P: \$1,257.02
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Papan for Assembly 2024 Candidate Name: Diane Papan State Assembly Person District 21 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$197.21	\$1,257.00	2024P: \$1,257.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Bryan for Assembly 2024 Candidate Name: Isaac Bryan State Assembly Person District 54 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$197.21	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period

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NAME OF FILER
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Soria for Assembly 2024 Candidate Name: Esmeralda Soria State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$267.38	\$1,786.51	2024P: \$1,786.51
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Mia Bonta for Assembly 2024 Candidate Name: Mia Bonta State Assembly Person District 18 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$172.41	\$1,889.96	2024P: \$1,889.96
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Gregg Hart for Assembly 2024 Candidate Name: Gregg Hart State Assembly Person District 37 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$127.05	\$1,142.68	2024P: \$1,142.68
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Marc Berman for Assembly 2024 Candidate Name: Marc Berman State Assembly Person District 23 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$127.05	\$1,557.88	2024P: \$1,557.88
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period	CALIFORNIA FORM 460
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NAME OF FILER
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1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Tina McKinnor for Assembly 2024 Candidate Name: Tina McKinnor State Assembly Person District 61 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$197.22	\$1,257.01	2024P: \$1,257.01
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Corey Jackson for Assembly 2024 Candidate Name: Corey Jackson State Assembly Person District 60 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$127.05	\$1,142.69	2024P: \$1,142.69
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Juan Carrillo for Assembly 2024 Candidate Name: Juan Carrillo State Assembly Person District 39 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$197.21	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Jesse Gabriel for Assembly 2024 Candidate Name: Jesse Gabriel State Assembly Person District 46 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$197.21	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

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FORM 460**

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NAME OF FILER
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1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Blanca Pacheco for Assembly 2024 Candidate Name: Blanca Pacheco State Assembly Person District 64 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$197.21	\$1,257.00	2024P: \$1,257.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Damon Connolly for Assembly 2024 Candidate Name: Damon Connolly State Assembly Person District 12 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$127.05	\$1,142.68	2024P: \$1,142.68
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Liz Ortega-Toro for Assembly 2024 Candidate Name: Liz Ortega-Toro State Assembly Person District 20 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$267.37	\$1,786.50	2024P: \$1,786.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Cecilia Aguiar-Curry for Assembly 2024 Candidate Name: Cecilia Aguiar-Curry State Assembly Person District 4 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$104.69	\$900.56	2024P: \$900.56
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

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FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

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1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Avelino Valencia for State Assembly 2024 Candidate Name: Avelino Valencia State Assembly Person District 68 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$197.22	\$1,257.01	2024P: \$1,257.01
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Re-Elect Rick Chavez Zbur for Assembly 2024 Candidate Name: Rick Chavez Zbur State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$197.22	\$1,257.02	2024P: \$1,257.02
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Stephen Bennett for Assembly 2024 Candidate Name: Stephen Bennett State Assembly Person District 38 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$70.16	\$529.51	2024P: \$529.51
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Gail Pellerin for Assembly 2024 Candidate Name: Gail Pellerin State Assembly Person District 28 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$70.16	\$529.50	2024P: \$529.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Buffy Wicks for Assembly 2024 Candidate Name: Buffy Wicks State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$70.16	\$529.50	2024P: \$529.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/13/2023	Payee Name: Damon Connolly for Assembly 2022 Candidate Name: Damon Connolly State Assembly Person District 12 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,900.00	\$4,900.00	2022G: \$4,900.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/14/2023	Bay Area Municipal Elections Committee (BAYMEC)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/31/2023	Payee Name: Sabrina Cervantes for Senate 2024 Candidate Name: Sabrina Cervantes State Senator District 31 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

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3/31/2023	Payee Name: Sabrina Cervantes for Senate 2024 Candidate Name: Sabrina Cervantes State Senator District 31 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/31/2023	Payee Name: Christy Holstege for Assembly 2024 Candidate Name: Christy Holstege State Assembly Person District 47 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/31/2023	Payee Name: Christy Holstege for Assembly 2024 Candidate Name: Christy Holstege State Assembly Person District 47 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,500.00	\$11,000.00	2024P: \$5,500.00 2024G: \$5,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/8/2023	Santa Cruz County Democratic Central Committee (SCCDCC)	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$800.00	\$800.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/31/2023	Page 56 of 122
NAME OF FILER Robert Rivas for Assembly 2024		I.D. NUMBER 1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/2023	Payee Name: Chris Holden for Supervisor 2024 Candidate Name: Chris Holden County Supervisor District 5 Jurisdiction: County of Los Angeles	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Soria for Assembly 2024 Candidate Name: Esmeralda Soria State Assembly Person District 27 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$88.29	\$1,786.51	2024P: \$1,786.51
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Stephen Bennett for Assembly 2024 Candidate Name: Stephen Bennett State Assembly Person District 38 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.15	\$529.51	2024P: \$529.51
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Papan for Assembly 2024 Candidate Name: Diane Papan State Assembly Person District 21 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.15	\$1,257.00	2024P: \$1,257.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>01/01/2023</u>		
through <u>03/31/2023</u>		Page <u>57</u> of <u>122</u>
NAME OF FILER Robert Rivas for Assembly 2024		I.D. NUMBER 1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Bryan for Assembly 2024 Candidate Name: Isaac Bryan State Assembly Person District 54 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.14	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Buffy Wicks for Assembly 2024 Candidate Name: Buffy Wicks State Assembly Person District 14 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.15	\$529.50	2024P: \$529.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Tina McKinnor for Assembly 2024 Candidate Name: Tina McKinnor State Assembly Person District 61 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.15	\$1,257.01	2024P: \$1,257.01
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Gail Pellerin for Assembly 2024 Candidate Name: Gail Pellerin State Assembly Person District 28 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.15	\$529.50	2024P: \$529.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

CALIFORNIA
FORM **460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Juan Carrillo for Assembly 2024 Candidate Name: Juan Carrillo State Assembly Person District 39 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.14	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Jesse Gabriel for Assembly 2024 Candidate Name: Jesse Gabriel State Assembly Person District 46 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.14	\$1,256.98	2024P: \$1,256.98
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Blanca Pacheco for Assembly 2024 Candidate Name: Blanca Pacheco State Assembly Person District 64 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.15	\$1,257.00	2024P: \$1,257.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Liz Ortega-Toro for Assembly 2024 Candidate Name: Liz Ortega-Toro State Assembly Person District 20 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$88.29	\$1,786.50	2024P: \$1,786.50
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2023

through 03/31/2023

CALIFORNIA
FORM 460

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/23/2023	Payee Name: Avelino Valencia for State Assembly 2024 Candidate Name: Avelino Valencia State Assembly Person District 68 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.15	\$1,257.01	2024P: \$1,257.01
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/23/2023	Payee Name: Re-Elect Rick Chavez Zbur for Assembly 2024 Candidate Name: Rick Chavez Zbur State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Fundraising Event Expenses	\$44.15	\$1,257.02	2024P: \$1,257.02
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL					\$54,609.14	

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
Page 60 of 122	I.D. NUMBER 1456511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spencer Hagaman Huntington Beach, CA 92647	CNS			\$1,000.00
The Harvey Milk Foundation Walton Manors, FL 33334	CVC			\$15,000.00
Julio Mendez Vargas Sacramento, CA 95814	CNS			\$1,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$272,470.23
2. Unitemized payments made this period of under \$100.	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$272,520.23

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 61 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC			\$869.00
American Express New York, NY 10285			Credit Card Payment	\$1,017.39
American Express New York, NY 10285			Credit Card Payment	\$7,288.17
Deane & Company Sacramento, CA 95815	PRO			\$150.00
Deane & Company Sacramento, CA 95815	PRO			\$1,668.04

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 62 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political FrameWorks Carmel Valley, CA 93924	OFC			\$21.92
Political FrameWorks Carmel Valley, CA 93924	FND			\$390.00
Damon Connolly for Assembly 2022 San Rafael, CA 94903	CTB			\$4,900.00
Committee ID: 1441976 ActBlue Technical Services Somerville, MA 02144	OFC			\$217.25
Political FrameWorks Carmel Valley, CA 93924	CNS			\$5,000.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bay Area Municipal Elections Committee (BAYMEC) Campbell, CA 95008	CTB			\$2,000.00
Committee ID: 841499				
David A. Byerman Lexington, KY 40509	CNS			\$10,000.00
Sierra West Strategies, LLC Sacramento, CA 95827	CNS			\$10,000.00
Sierra West Strategies, LLC Sacramento, CA 95827	OFC			\$92.00
Sierra West Strategies, LLC Sacramento, CA 95827	MTG	3/14/23, Room Rental for Campaign Meeting		\$436.61

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
	Page 64 of 122
	I.D. NUMBER 1456511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sierra West Strategies, LLC Sacramento, CA 95827	TRS		3/23/23-3/24/23, Airfare, San Diego, CA, Fundraising Event, 1	\$252.96
Rodriguez Political Law Sacramento, CA 95811	PRO			\$5,974.65
ActBlue Technical Services Somerville, MA 02144	OFC			\$335.75
Rodriguez Political Law Sacramento, CA 95811	PRO			\$2,500.00
Julio Mendez Vargas Sacramento, CA 95814	TRS		03/23/23-03/25/23, Transportation, San Diego, CA, Fundraising Event, 1	\$532.57

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 65 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CordeValle, LP San Martin, CA 95046	FND		4/13/23-4/14/23, Fundraising Event, 23, including Candidate	\$39,689.72
Left Hook Santa Monica, CA 90405	LIT			\$8,449.75
ActBlue Technical Services Somerville, MA 02144	OFC			\$197.15
Julio Mendez Vargas Sacramento, CA 95814	CNS			\$1,500.00
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Dawn Addis for Assembly 2024 (ID# 1456608)	\$15.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 66 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Cecilia Aguiar-Curry for Assembly 2024 (ID# 1456611)	\$16.28
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Stephen Bennett for Assembly 2024 (ID# 1457501)	\$15.00
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Marc Berman for Assembly 2024 (ID# 1456794)	\$31.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Mia Bonta for Assembly 2024 (ID# 1456426)	\$31.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Bryan for Assembly 2024 (ID# 1456634)	\$16.29

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 67 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Juan Carrillo for Assembly 2024 (ID# 1456748)	\$16.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Damon Connolly for Assembly 2024 (ID# 1458544)	\$16.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Jesse Gabriel for Assembly 2024 (ID# 1456615)	\$16.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Gregg Hart for Assembly 2024 (ID# 1456918)	\$16.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Corey Jackson for Assembly 2024 (ID# 1456602)	\$16.29

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 68 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Liz Ortega-Toro for Assembly 2024 (ID# 1456507)	\$31.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Blanca Pacheco for Assembly 2024 (ID# 1457019)	\$16.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Papan for Assembly 2024 (ID# 1456580)	\$16.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Gail Pellerin for Assembly 2024 (ID# 1443589)	\$15.00
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Tina McKinnor for Assembly 2024 (ID# 1456543)	\$16.29

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
through	03/31/2023	Page 69 of 122
NAME OF FILER Robert Rivas for Assembly 2024		I.D. NUMBER 1456511

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Soria for Assembly 2024 (ID# 1456632)	\$31.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Avelino Valencia for State Assembly 2024 (ID# 1457022)	\$16.29
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Buffy Wicks for Assembly 2024 (ID# 1456909)	\$15.00
Political FrameWorks Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Re-Elect Rick Chavez Zbur for Assembly 2024 (ID# 1456538)	\$16.29
Spencer Hagaman Huntington Beach, CA 92647	CNS			\$1,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 70 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sabrina Cervantes for Senate 2024 Sacramento, CA 95815 Committee ID: 1456953	CTB			\$5,500.00
Sabrina Cervantes for Senate 2024 Sacramento, CA 95815 Committee ID: 1456953	CTB			\$5,500.00
Christy Holstege for Assembly 2024 Sacramento, CA 95815 Committee ID: 1459171	CTB			\$5,500.00
Christy Holstege for Assembly 2024 Sacramento, CA 95815 Committee ID: 1459171	CTB			\$5,500.00
Alicia Isaacs Sacramento, CA 95819	TRS		2/24/23-2/25/23, Lodging, Indio, CA, Fundraising Event, 1	\$418.82

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ActBlue Technical Services Somerville, MA 02144	OFC			\$89.29
Deane & Company Sacramento, CA 95815	PRO			\$3,351.91
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Dawn Addis for Assembly 2024 (ID# 1456608)	\$400.19
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Cecilia Aguiar-Curry for Assembly 2024 (ID# 1456611)	\$779.59
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Stephen Bennett for Assembly 2024 (ID# 1457501)	\$400.20

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Rivas for Assembly 2024		I.D. NUMBER 1456511

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Marc Berman for Assembly 2024 (ID# 1456794)	\$1,399.54
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Mia Bonta for Assembly 2024 (ID# 1456426)	\$1,686.26
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Bryan for Assembly 2024 (ID# 1456634)	\$999.34
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Juan Carrillo for Assembly 2024 (ID# 1456748)	\$974.84
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Juan Carrillo for Assembly 2024 (ID# 1456748)	\$24.50

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Robert Rivas for Assembly 2024		I.D. NUMBER 1456511

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Damon Connolly for Assembly 2024 (ID# 1458544)	\$999.34
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Jesse Gabriel for Assembly 2024 (ID# 1456615)	\$999.34
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Gregg Hart for Assembly 2024 (ID# 1456918)	\$999.34
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Corey Jackson for Assembly 2024 (ID# 1456602)	\$999.35
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Liz Ortega-Toro for Assembly 2024 (ID# 1456507)	\$1,399.55

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
Page 74 of 122	I.D. NUMBER 1456511

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Blanca Pacheco for Assembly 2024 (ID# 1457019)	\$999.35
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Papan for Assembly 2024 (ID# 1456580)	\$999.35
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Gail Pellerin for Assembly 2024 (ID# 1443589)	\$400.19
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Tina McKinnor for Assembly 2024 (ID# 1456543)	\$999.35
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Soria for Assembly 2024 (ID# 1456632)	\$1,399.55

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 75 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Avelino Valencia for State Assembly 2024 (ID# 1457022)	\$999.35
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Buffy Wicks for Assembly 2024 (ID# 1456909)	\$400.19
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses - In-Kind to Re-Elect Rick Chavez Zbur for Assembly 2024 (ID# 1456538)	\$999.36
Deane & Company Sacramento, CA 95815	PRO			\$1,947.30
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Cecilia Aguiar-Curry for Assembly 2024 (ID #1456611)	\$104.69

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2023	
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NAME OF FILER Robert Rivas for Assembly 2024		I.D. NUMBER 1456511

SEE INSTRUCTIONS ON REVERSE

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Marc Berman for Assembly 2024 (ID #1456794)	\$127.05
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Mia Bonta for Assembly 2024 (ID #1456426)	\$172.41
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Bryan for Assembly 2024 (ID #1456634)	\$197.21
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Juan Carrillo for Assembly 2024 (ID #1456748)	\$197.21
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Damon Connolly for Assembly 2024 (ID #1458544)	\$127.05

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
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NAME OF FILER
Robert Rivas for Assembly 2024

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Jesse Gabriel for Assembly 2024 (ID #1456615)	\$197.21
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Gregg Hart for Assembly 2024 (ID #1456918)	\$127.05
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Corey Jackson for Assembly 2024 (ID #1456602)	\$127.05
Sierra West Strategies, LLC Sacramento, CA 95827	CNS			\$10,000.00
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Liz Ortega-Toro for Assembly 2024 (ID #1456507)	\$267.37

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 78 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Blanca Pacheco for Assembly 2024 (ID #1457019)	\$197.21
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Papan for Assembly 2024 (ID #1456580)	\$197.21
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Tina McKinnor for Assembly 2024 (ID #1456543)	\$197.22
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Soria for Assembly 2024 (ID #1456632)	\$267.38
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Avelino Valencia for State Assembly 2024 (ID #1457022)	\$197.22

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Re-Elect Rick Chavez Zbur for Assembly 2024 (ID #1456538)	\$197.22
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Buffy Wicks for Assembly 2024 (ID #1456909)	\$70.16
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Gail Pellerin for Assembly 2024 (ID #1443589)	\$70.16
American Express New York, NY 10285	CTB		Fundraising Event Expenses - In-Kind to Stephen Bennett for Assembly 2024 (ID #1457501)	\$70.16
American Express New York, NY 10285			Credit	(\$3,569.06)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 80 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Cruz County Democratic Central Committee (SCCDCC) Santa Cruz, CA 95060 Committee ID: 742230	CTB			\$800.00
United States Postal Service Salinas, CA 93901	OFC			\$354.00
Stripe, Inc. San Francisco, CA 94110	OFC			\$220.80
American Express New York, NY 10285			Credit Card Payment	\$9,406.11
American Express New York, NY 10285			Credit	(\$521.25)

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2023		
through 03/31/2023		Page 81 of 122
NAME OF FILER Robert Rivas for Assembly 2024		I.D. NUMBER 1456511

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	FND		2/23/23-2/24/23, Fundraising Event, 43, including Candidate	\$24,866.04
Equality California Los Angeles, CA 90010	CVC			\$5,000.00
Political FrameWorks Carmel Valley, CA 93924	CNS			\$5,000.00
Chris Holden for Supervisor 2024 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1458291 Nathan M. Young Columbus, OH 43212	CNS			\$275.00

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Deane & Company Sacramento, CA 95815	PRO			\$1,556.61
Steven Maviglio dba Forza Communications Sacramento, CA 95819	CNS			\$5,000.00
Spencer Hagaman Huntington Beach, CA 92647	CNS			\$1,000.00
Spencer Hagaman Huntington Beach, CA 92647	TRS		1/19/23-1/23/23, Airfare, Long Beach, CA, Swearing in Ceremony, 1	\$447.95
Spencer Hagaman Huntington Beach, CA 92647	TRS			\$285.97

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SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

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SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460
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NAME OF FILER
Robert Rivas for Assembly 2024

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Julio Mendez Vargas Sacramento, CA 95814	CNS			\$1,500.00
American Express New York, NY 10285			Credit Card Payment	\$336.01
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	FND		2/23/23-2/24/23, Fundraising Event, 43, including Candidate	\$1,199.86
Checkmate Advisors, LLC Haddonfield, NJ 08033			Research	\$7,500.00
Rodriguez Political Law Sacramento, CA 95811	PRO			\$2,500.00

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SUBTOTAL

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period from 01/01/2023 through 03/31/2023	CALIFORNIA FORM 460 Page 84 of 122 I.D. NUMBER 1456511
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Daniel C. Weitzman, LLC Sacramento, CA 95814	FND			\$15,000.00
Political FrameWorks Carmel Valley, CA 93924	CNS			\$5,000.00
Nathan M. Young Columbus, OH 43212	CNS			\$275.00
Steven Maviglio dba Forza Communications Sacramento, CA 95819	CNS			\$5,000.00

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SUBTOTAL \$272,470.23

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2023
through 03/31/2023

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FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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American Express New York, NY 10285	Credit Card Payment	\$0.00	\$10,709.44	\$0.00	\$10,709.44
Deane & Company Sacramento, CA 95815	PRO	\$3,351.91	\$0.00	\$3,351.91	\$0.00
Rodriguez Political Law Sacramento, CA 95811	PRO	\$5,974.65	\$0.00	\$5,974.65	\$0.00

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SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$93,854.64
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$9,326.56
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$84,528.08
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
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SCHEDULE F (CONT.)

Statement covers period
from 01/01/2023
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NAME OF FILER
Robert Rivas for Assembly 2024

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Pruitt, LLC Sacramento, CA 95814	FND	\$0.00	\$7,500.00	\$0.00	\$7,500.00
Pruitt, LLC Sacramento, CA 95814	FND	\$0.00	\$43,718.00	\$0.00	\$43,718.00
Miller Cespedes & Associates Sacramento, CA 95814	FND	\$0.00	\$8,000.00	\$0.00	\$8,000.00
Plasha Will Carmel Valley, CA 93924	POS	\$0.00	\$9.35	\$0.00	\$9.35

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
from 01/01/2023
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FORM 460**

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NAME OF FILER
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Cristina Garcia Bell Gardens, CA 90201	CNS	\$0.00	\$15,000.00	\$0.00	\$15,000.00
Cristina Garcia Bell Gardens, CA 90201	TRS 3/28/23-3/29/23, Airfare, Long Beach, CA, Campaign Meeting, 1	\$0.00	\$477.97	\$0.00	\$477.97
Cristina Garcia Bell Gardens, CA 90201	TRS	\$0.00	\$21.00	\$0.00	\$21.00
Steven Maviglio dba Forza Communications Sacramento, CA 95819	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2023
through 03/31/2023

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FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
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Rodriguez Political Law Sacramento, CA 95811	PRO	\$0.00	\$2,500.00	\$0.00	\$2,500.00
Jane Perry Sacramento, CA 95818	OFC	\$0.00	\$61.70	\$0.00	\$61.70
Jane Perry Sacramento, CA 95818	POS	\$0.00	\$8.69	\$0.00	\$8.69
Jane Perry Sacramento, CA 95818	OFC	\$0.00	\$186.29	\$0.00	\$186.29

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
from 01/01/2023
through 03/31/2023

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FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

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American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Stephen Bennett for Assembly 2024	\$0.00	\$44.15	\$0.00	\$44.15
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Bryan for Assembly 2024 (ID #1456634)	\$0.00	\$44.14	\$0.00	\$44.14
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Juan Carrillo for Assembly 2024 (ID #1456748)	\$0.00	\$44.14	\$0.00	\$44.14
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Jesse Gabriel for Assembly 2024 (ID #1456615)	\$0.00	\$44.14	\$0.00	\$44.14

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
from 01/01/2023
through 03/31/2023

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FORM 460**

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NAME OF FILER
Robert Rivas for Assembly 2024

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American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Liz Ortega-Toro for Assembly 2024 (ID #1456507)	\$0.00	\$88.29	\$0.00	\$88.29
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Blanca Pacheco for Assembly 2024 (ID #1457019)	\$0.00	\$44.15	\$0.00	\$44.15
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Papan for Assembly 2024 (ID #1456580)	\$0.00	\$44.15	\$0.00	\$44.15
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Gail Pellerin for Assembly 2024 (ID #1443589)	\$0.00	\$44.15	\$0.00	\$44.15

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2023
through 03/31/2023

**CALIFORNIA
FORM 460**

Page 91 of 122

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Tina McKinnor for Assembly 2024 (ID #1456543)	\$0.00	\$44.15	\$0.00	\$44.15
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Soria for Assembly 2024	\$0.00	\$88.29	\$0.00	\$88.29
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Avelino Valencia for State Assembly 2024 (ID #1457022)	\$0.00	\$44.15	\$0.00	\$44.15
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Buffy Wicks for Assembly 2024 (ID #1456909)	\$0.00	\$44.15	\$0.00	\$44.15

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA
FORM 460

Page 92 of 122

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
American Express New York, NY 10285	CTB Fundraising Event Expenses - In-Kind to Re-Elect Rick Chavez Zbur for Assembly 2024 (ID #1456538)	\$0.00	\$44.15	\$0.00	\$44.15
SUBTOTALS		\$9,326.56	\$93,854.64	\$9,326.56	\$93,854.64

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
58 Degrees & Holding Company Sacramento, CA 95811	FND		2/8/23, Fundraising Meeting, 14, including Candidate	\$1,362.75
Aioli Bodega Espanola Sacramento, CA 95811	FND		Appetizers Only	\$1,416.23
Amazon Seattle, WA 98109	OFC			\$6.51
Amazon Seattle, WA 98109	OFC			\$12.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2797.63

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA FORM 460
Page 94 of 122

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Contains 4 rows of payment data to Amazon.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$60.19

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA FORM 460
Page 95 of 122

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
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American Express

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- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Contains 4 rows of payment data to Amazon.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$75.53

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

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Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Contains 4 rows of payment data to Amazon.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$131.19

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Apple Store Cupertino, CA 95014	OFC			\$2,175.41
Bangkik@12 Thai Sacramento, CA 95814	OFC			\$169.95
Bernardus Winery Carmel Valley, CA 93924	FND			\$337.96
Bernardus Winery Carmel Valley, CA 93924	CTB	Fundraising Event Expenses		\$386.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3069.44

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA
FORM **460**

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NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bernardus Winery Carmel Valley, CA 93924	FND			\$706.34
Carmel Valley Ranch - The Unbound Collection by Hyatt Carmel-By-The-Sea, CA 93923	CTB		Fundraising Event Expenses	\$1,321.41
Carmel Valley Ranch - The Unbound Collection by Hyatt Carmel-By-The-Sea, CA 93923	TRC		2/23/23-2/24/23, Lodging, Carmel, CA, Fundraising Event, 23, including Candidate & Authorized Individuals	\$2,630.19
Carmel Valley Ranch - The Unbound Collection by Hyatt Carmel-By-The-Sea, CA 93923			Credit	(\$420.48)

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4237.46

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FPPC Form 460 (June/01)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA
FORM **460**

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NAME OF FILER
Robert Rivas for Assembly 2024

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ella Dining Room & Bar Sacramento, CA 95814	FND		Appetizers Only	\$5,340.79
Ella Dining Room & Bar Sacramento, CA 95814	FND		2/13/23, Fundraising Event, 4, including Candidate	\$336.01
Enterprise Rent-A-Car Ontario, CA 91761	TRC		1/14/23, Car Rental, Santa Clarita, CA, Swearing-in Ceremony, 1, Candidate	\$136.12
Enterprise Rent-A-Car Ontario, CA 91761	TRC		1/27/23, Car Rental, Los Angeles, CA, Legislative Meeting, 1, Candidate	\$100.47

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5913.39

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
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SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA
FORM **460**

Page 100 of 122

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

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American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Enterprise Rent-A-Car Ontario, CA 91761	TRC			\$84.65
Enterprise Rent-A-Car Ontario, CA 91761	TRC			\$25.00
Fairfield Inn & Suites by Marriott Indio Coachella Valley Indio, CA 92203	TRC		3/25/23-3/26/23, Lodging, Indio, CA, Listening Tour, 1, Candidate	\$423.77
FedEx Gilroy, CA 95020	POS			\$158.58

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$692.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

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American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fox & Goose Public House Sacramento, CA 95811	OFC			\$42.98
Fox & Goose Public House Sacramento, CA 95811	OFC			\$41.33
Fox & Goose Public House Sacramento, CA 95811	OFC			\$39.17
Fox & Goose Public House Sacramento, CA 95811	OFC			\$49.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$172.98

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

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American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

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Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Rows include Galaxy Self Storage and GoDaddy, LLC.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$510.32

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

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FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GoDaddy, LLC Scottsdale, AZ 85260	WEB			\$375.94
GoDaddy, LLC Scottsdale, AZ 85260	WEB			\$169.80
Golden 1 Center Sacramento, CA 95814	FND		Appetizers Only	\$2,610.35
Lyft, Inc. San Francisco, CA 94107	TRC			\$5.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3161.09

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lyft, Inc. San Francisco, CA 94107	TRC			\$48.84
Lyft, Inc. San Francisco, CA 94107	TRC			\$83.88
Lyft, Inc. San Francisco, CA 94107	TRC			\$59.01
Lyft, Inc. San Francisco, CA 94107	TRC			\$62.46

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$254.19

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Schedule G
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SCHEDULE G

Statement covers period
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Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

NAME OF AGENT OR INDEPENDENT CONTRACTOR
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- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Rows include Lyft, Inc. (\$30.59), Mailchimp (\$69.00), and another Mailchimp entry (\$69.00).

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$237.59

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
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Robert Rivas for Assembly 2024

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	CTB		Fundraising Event Expenses	\$662.19
Monterey Holdings, L.P. dba Bernardus Lodge & Spa Carmel Valley, CA 93924	FND			\$221.00
NGP Van, Inc. Washington, DC 20005	WEB			\$250.00
NGP Van, Inc. Washington, DC 20005	WEB			\$250.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1383.19

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Schedule G
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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NGP Van, Inc. Washington, DC 20005	WEB			\$250.00
Office Depot Sacramento, CA 95819	OFC			\$362.19
Pacific Monarch Ltd Marina, CA 93933	FND			\$1,122.59
Pacific Monarch Ltd Marina, CA 93933	CTB	Fundraising Event Expenses		\$1,052.41

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2787.19

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FPPC Form 460 (June/01)
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Schedule G
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SCHEDULE G

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Robert Rivas for Assembly 2024

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- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
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LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
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PRO professional services (legal, accounting)
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Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Rows include Pacific Printing, Paesanos, San Jose International Airport Parking.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1534.42

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Jose International Airport Parking San Jose, CA 95110	TRC			\$30.00
San Jose International Airport Parking San Jose, CA 95110	TRC			\$90.00
San Jose International Airport Parking San Jose, CA 95110	TRC			\$90.00
Sellands Family Restaurant Sacramento, CA 95818	OFC			\$116.15

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$326.15

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Schedule G

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SCHEDULE G

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FORM **460**

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Robert Rivas for Assembly 2024

I.D. NUMBER
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheraton Universal Hotel Universal City, CA 91608	TRC		1/28/23-1/29/23, Lodging, Universal City, CA, CA Attractions & Parks Association Event, 1, Candidate	\$354.72
Southwest Airlines Dallas, TX 75235	TRC			\$68.98
Southwest Airlines Dallas, TX 75235	TRC		1/14/23, Airfare, Santa Clarita, CA, Swearing-in Ceremony, 1, Candidate	\$447.95
Southwest Airlines Dallas, TX 75235	TRC		1/20/23, Airfare, Downey, CA, Swearing-in Ceremony, 1, Candidate	\$377.95

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1249.60

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Schedule G
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SCHEDULE G

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Robert Rivas for Assembly 2024

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRC		1/27/23, Airfare, Los Angeles, CA, Legislative Meeting, 1, Candidate	\$348.98
Southwest Airlines Dallas, TX 75235	TRC		1/28/23, Airfare, Los Angeles, CA, Legislative Meeting, 1, Candidate	\$437.96
Southwest Airlines Dallas, TX 75235	TRC		3/3/23, Airfare, Burbank, CA, Latino Caucus Policy Conference, 1, Candidate	\$493.96
Southwest Airlines Dallas, TX 75235	TRS		3/23/23, Airfare, San Diego, CA, Listening Tour, 1	\$138.98

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1419.88

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS		3/23/23-3/24/23, Airfare, San Diego, CA, Listening Tour, 1	\$297.96
Southwest Airlines Dallas, TX 75235	TRS		3/23/23-3/25/23, Airfare, San Diego, CA, Listening Tour, 1	\$339.96
Southwest Airlines Dallas, TX 75235	TRC		3/23/23, Airfare, San Diego, CA, Listening Tour/Fundraising Event, 1, Candidate	\$347.96
Southwest Airlines Dallas, TX 75235	TRS		4/6/23, Airfare, Palm Springs, CA, Listening Tour, 1	\$128.98

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TOTAL* \$1114.86

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber Eats San Francisco, CA 94103	OFC			\$130.90
Uber Eats San Francisco, CA 94103	OFC			\$13.06
Uber Eats San Francisco, CA 94103	OFC			\$126.54
Uber Eats San Francisco, CA 94103	OFC			\$205.31

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TOTAL* \$475.81

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Uber Eats San Francisco, CA 94103	OFC			\$15.00
We Grow Farms, LLC Hollister, CA 95023	FND			\$370.25
We Grow Farms, LLC Hollister, CA 95023	CTB		Fundraising Event Expenses	\$348.32
Yubico, Inc. Santa Clara, CA 95054	OFC			\$162.94

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$896.51

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NAME OF FILER
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I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Left Hook

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- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Rows include Courtney Lindberg Photography and Culture International.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$8384.25

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA FORM 460
Page 116 of 122

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Miller Cespedes & Associates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
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TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Row 1: Kings Suites, Sacramento, CA 95814, FND, \$8,000.00.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$8000.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2023
through 03/31/2023

CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Political FrameWorks

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
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SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Contains two entries for Richard Stedman in Salinas, CA.

Attach additional information on appropriately labeled continuation sheets. TOTAL* \$750.00

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2023
through 03/31/2023

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Julio Mendez Vargas

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
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TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. Row 1: Dollar Rent a Car, Estero, FL 33928, TRS, 03/23/23-03/25/23, Transportation, San Diego, CA, Fundraising Event, 1, \$532.57.

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$532.57

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H –
Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 01/01/2023

through 03/31/2023

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

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I.D. NUMBER
1456511

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.				SUBTOTALS				

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET

(May be a negative number)

** If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2023
through 03/31/2023

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Robert Rivas for Assembly 2024

I.D. NUMBER
1456511

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/10/2023	Robert Rivas for Assembly 2022 Sacramento, CA 95815 Filer ID: 1434962	Transfer Carryover Funds	\$3,550.83
3/23/2023	Jim Wood for Assembly 2024 Sacramento, CA 95815 Filer ID: 1456716	Reimbursement for Event Expenses	\$594.15
2/9/2023	Robert Rivas for Assembly 2022 Sacramento, CA 95815 Filer ID: 1434962	Transfer Carryover Funds	\$407,178.23

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$411,323.21

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$411,323.21

2. Unitemized increases to cash under \$100 this period..... \$3.48

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... TOTAL \$411,326.69

Memo Reference: INC135
Responsible Officer: Priya Patel

Memo Reference: INC74
Responsible Officer: Ernie Garcia, III

Memo Reference: INC38
Responsible Officer: Heather Rouhana

Memo Reference: INC201
Responsible Officer: Allan Schurr

Memo Reference: INC20
Responsible Officer: Bob Mertz

Memo Reference: INC119
Responsible Officer: Stewart A. Resnick

Memo Reference: NON143
Responsible Officer: Jacob Regalado
